



**Councillor John Nicholson**  
**Chairman of the Policy and Scrutiny**  
**Committee for Health and Social Care**  
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Dear Richard

## **COMMISSIONING OF MANDATORY DENTAL SERVICES FOR HAMPSHIRE AND THE ISLE OF WIGHT**

I refer to your letter of 4 February 2022 regarding the above.

I am responding on behalf of the Wight Council's Policy and Scrutiny Committee for Health and Social Care on the Review of commissioned general dental services and dental need in Hampshire and the Isle of Wight.

Firstly the Committee raises serious concerns as to the fragmented way that the documents have been circulated. It appears that there was a major malfunction in distributing these to all key stakeholders. Whilst this problem has been recognised by you in extending the deadline for responses by one week there is still uncertainty as to whether you can provide an assurance that all stakeholders have received the documents.

It is understood that NHS England is unable to delay the timetable due to the length of time procurement and mobilisation new contracts will take and is keen for this new service provision to begin as quickly as possible. The original date for feedback was 25 February 2022 but due to the distribution problems with the consultation pack this was extended to Monday 7 March 2022.

There is no demonstration by you that those providing NHS dental services on the Island have been fully engaged in the issues relating to service provision both nationally and locally. There is to be a market briefing being held on 8 March 2022 and draft documents have already been advertised on the procurement portal. This seems to suggest that although you have invited key stakeholders to comment on the draft review the details of NHS England's intentions have already been made known well in advance of its consideration of any comments made by such key stakeholders.

The Committee would be very interested in being supplied with a report on the views expressed by potential bidders to ascertain their observations on the review as those most directly involved in the delivery of services. In addition a copy of all comments received from key stakeholders would be appreciated.

Cont ...

The Committee is aware that the Integrated Care Partnership is due to take on the commissioning responsibility for dentistry later this year. There does not appear any evidence that there has been meaningful dialogue with the ICP but a rush to hand over a flawed and broken NHS dental service.

In dealing with the content of the review document a number of issues have been highlighted as requiring attention and further clarification. These are set out in the attached appendix.

The Committee continues to be extremely concerned as to the distressing state that NHS dentistry on the Island has found itself. Whilst the pandemic had an impact on the delivery of services there were many warning signs in the years prior to this which should have been acted upon. The diminishing availability of NHS dentistry is having an impact upon other health partners on the Island and has made this the biggest health inequality faced by patients.

I look forward to receiving a response to the issues raised and hope that by working together all partners can find sustainable solutions to overcome the known difficulties.

Yours sincerely

**Signed John Nicholson**

Councillor John Nicholson

**Chairman of the Policy and Scrutiny Committee for Health and Social Care**

To

Mr Richard Woolterton  
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| Content of review document  | Comments, observations, and questions   |
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| <p>Page 2</p> <p>5. The Isle of Wight has the highest commissioned activity across the HloW but evidence suggests dental access issues here are the most pronounced – this issue requires system working, involving all parties, and goes beyond simply commissioning additional activity.</p>  | <ul style="list-style-type: none"> <li>• <i>What is the evidence referred to in this paragraph?</i></li> <li>• <i>What parties will be involved and how will this be achieved?</i></li> <li>• <i>What options beyond commissioning additional activity would be looked at?</i></li> </ul> |
| <p>Page 2</p> <p>9. Review other activity across Hampshire and the Isle of Wight</p>  | <p><i>What other activity will be reviewed and what will the timescale be?</i></p>  |
| <p>Page 2</p> <p>10. Other models of delivery may need to be considered outside of traditional General Dental Service (GDS) Contracts</p>   | <p><i>What other models of delivery will be looked at, how will this be done, who will be involved and what would the timeframe be?</i></p>   |
| <p>Page 3</p> <p>There have been very recent national reports in the media, highlighted by the British Dental Association, of large numbers of dentists leaving NHS dentistry. Portsmouth was highlighted specifically as an area of particular concern, although it should be noted that these are media reports using methods which have not been verified</p>  | <p><i>What attempt has been made by NHS England to verify the large numbers of leaving NHS Dentistry?</i></p>   |
| <p>Page 5</p> <p>The aim of this review is to enable commissioners to have a clear focus in terms of what, <i>ideally</i>, should be commissioned to ensure supply is planned to meet need. It is acknowledged that there will be areas where need is high (there are lots of people with dental disease). System-wide approaches involving local authorities (with responsibility for oral health promotion) and other healthcare services should be explored wherever possible to address this issue.</p> | <p><i>What system wide approaches are going to be explored. What other healthcare services will be involved?</i></p>  |
| <p>Page 6</p>   |   |

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| <p>The lack of a dental school in the South East (dental students often continue to live/work near their dental school following graduation due to networks and relationships both professional and social)</p> <p>and Page 22</p> <p>4. Increase contracted activity in Portsmouth</p> <p>Collaboration with local partners (such as colleagues in primary medical care, the Portsmouth Dental Academy or community dental services) may be useful in making contracts/posts more attractive to bidders and dental professionals</p> | <p><i>What role does the Portsmouth Dental Academy play if it is not recognised as a dental school on page 6 but mentioned as a way forward later in the document when dealing with activity in Portsmouth?</i></p> |
| <p>Page 6</p> <p>Overseas Registration Examinations for dentists from outside the EU have been postponed due to COVID so there are fewer dentists coming from outside the EU and - this backlog will soon be compounded as EU dentists will also be required to take the exam before practicing</p>   | <p><i>What steps are being taken to overcome the backlog?</i></p>   |
| <p>Page 7</p> <p>This is heightened by geographical disparities in funding for NHS dentistry – tariffs were initially set based on historical rates so areas where dental need is higher do not necessarily correlate with higher rates</p>   | <p><i>Does this mean that the rates for the Island are lower than elsewhere therefore compounding the problem with recruitment and retention?</i></p>   |
| <p>Page 7</p> <p>Claims by dental professionals that the current dental contract does not encourage dentists to work in the NHS, or in areas of higher need, is a national issue and there are continued calls by the profession to reform the dental contract.</p>   | <p><i>Has NHS England responded to the claims and if so what actions are being taken to address the issues highlighted?</i></p>   |
| <p>Page 7</p> <p>Local dental/healthcare support networks are also important to dental professionals – particularly newly qualified dentists - so recruiting to areas where there are already fewer dental professionals becomes more challenging.</p>  | <p><i>What work is being done by NHS England to help support networks?</i></p>  |

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| <p>Page 7<br/>However, having to take a ferry to the island for work can cause additional issues for dental professionals and this contributes to recruitment and retention issues.</p>  | <p><i>Has a special allowance for travel to the Island been considered if not why not?</i></p>   |
| <p>Page 7<br/>Issues of recruitment and retention on the Isle of Wight are system-wide issues which should be reviewed and addressed in partnership with all relevant stakeholders, including providers holding dental contracts on the island.</p>  | <ul style="list-style-type: none"> <li>• <i>Why has NHS England not reviewed the issues before now?</i></li> <li>• <i>Who will the relevant stakeholders be and will those who previously provided dental contracts, or not hold any but may be interested in doing so, be involved in the review?</i></li> </ul>  |
| <p>Page 9<br/>Table 2 highlights an issue which particularly affects the Isle of Wight. The Isle of Wight has the highest <i>commissioned</i> activity anywhere in HloW, yet as outlined below, both local engagement and published data suggest particular issues around dental access in the Isle of Wight. Viewing this issue solely as one related to the commissioning/procurement of UDA contracts will exacerbate this problem and all parties should work together to find sustainable solutions. This should include dental and healthcare commissioners and providers, local authorities and other components of the Integrated Care System.</p> | <ul style="list-style-type: none"> <li>• <i>What are the particular issues that are suggested from the data?</i></li> <li>• <i>What attempt has been made to work together to find sustainable solutions?</i></li> <li>• <i>What role can patients play in helping with solutions?</i></li> </ul>  |
| <p>Page 20<br/>It is naturally preferable for people to be able to access services as close as possible to where they live/work and patient engagement can be important in establishing where people might be willing to travel to for services. This is particularly important for residents of the Isle of Wight.</p> <p>Page 21<br/>The long-standing issue of a shortage of NHS dentists willing to work on the island means that it is important to engage with residents around possible 'next best' solutions. As a peninsula, Gosport is relatively</p>  | <ul style="list-style-type: none"> <li>• <i>This gives recognition to the unique position faced by island residents in accessing services. What actions are proposed with regard to the patient engagement mentioned to establish where Island residents are willing to travel?</i></li> <li>• <i>What is deemed to be 'next best' solutions?</i></li> </ul> |

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| <p>isolated in terms of transport, with a ferry required to travel to nearby Portsmouth and the 3rd highest percentage of households with no access to a car/van</p>   |   |
| <p>Page 22<br/>3. Consideration should be given to where additional recurrent activity is most likely to be achieved – information would come from<br/>b) Areas where large numbers of contracts have been handed back - it would be useful to understand why, and address these reasons in any procurement where possible</p>   | <p><i>Does NHS England not already have a system in place to seek feedback from practices handing back contracts?</i></p>   |
| <p>Page 22<br/>4. Increase contracted activity in Portsmouth<br/>f) continue to engage with stakeholders in Portsmouth on this issue including patient groups.</p>   | <p><i>What are the patient groups in Portsmouth and why are there no similar groups on the Island?</i></p>  |
| <p>Page 23<br/>5. The Isle of Wight has the highest commissioned activity across the HloW but evidence suggests dental access issues here are the most pronounced – this issue requires system working, involving all parties, and goes beyond simply commissioning additional activity:</p> <p>a) Investigate and address issues of dental access/underperformance in the Isle of Wight and consider alternative models of delivery</p> <p>b) Issues of dental access are consistently reported in the Isle of Wight and these are linked to issues with recruitment and retention</p> <p>c) Addressing this will require a truly systematic approach including identifying root causes of issues and working with all stakeholders to find solutions.</p> <p>d) It would be helpful to compare the experience of dental professionals with other healthcare professionals such as primary (medical) care teams on the island</p> | <ul style="list-style-type: none"> <li>• <i>Are there any figures that show how many individual patients are seen by a NHS dentist on the Island?</i></li> <li>• <i>Is there a limit to how many units of dental activity an individual can have?</i></li> <li>• <i>Why has there not already been collaboration with local partners on the island including colleagues in primary care. The GP practice at Cowes has dental facilities but is not utilised.</i></li> <li>• <i>NHS England South West has undertaken a major exercise into the provision of NHS dentistry within its area. Is NHS England South East aware of this and if so why did it not follow the approach taken there?</i></li> <li>• <i>What steps are being taken by NHS England to ensure a smooth handover of dental commissioning to the Integrated Care Partnership?</i></li> </ul> |

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| <p>e) Explore options for increasing the UDA rate dependent on guidance/regulations under new commissioning arrangements/any changes to the dental contract etc.</p> <p>f) The Isle of Wight has the highest UDAs commissioned per head of population in HloW of 1.66 compared to 1.45 in Portsmouth (most deprived) and 0.97 in East Hampshire (lowest UDA per head)</p> <p>g) Unfortunately, adding more commissioned activity here before current activity is achieved is unlikely to resolve the issue as this could result in decreased access across HloW (including where there are ferry links to the loW) which will further compound issues on the loW itself</p> <p>h) Dental access/workforce issues in the Isle of Wight and Portsmouth are closely linked and these issues should be viewed together (some patients and dental professionals are likely to travel between Portsmouth and the Isle of Wight so increasing access in one place could decrease access in another)</p> <p>i) As outlined in Recommendation 4, collaboration with local partners (such as colleagues in primary medical care, the Portsmouth Dental Academy and community dental services) may be useful in making contracts/posts more attractive to bidders and dental professionals</p> <p>j) Alternative models of provision (for example delivery models not based on GDS contracts) may need to be explored here</p> | <ul style="list-style-type: none"> <li>• <i>What alternative forms of provision could be explored, how will this be done, and with what timescale.</i></li> <li>• <i>The major issue with the provision of dental care appears to be as the result of changes in 2006 when patients were not allocated to a dental practice but treatment was related to units of dental activity. Is thought being given to the option of reverting back to the previous system?</i></li> <li>• <i>Many patients now are unsure if they are still on the list for a dental practice due to the impact that the pandemic has had on accessing treatment. What steps will NHS England take to ensure that patients are able to be made fully aware of their ability to seek treatment from the practice that they were last seen at and have not been removed through no fault of the patient from the list.</i></li> <li>• <i>The current system can mean that a patient once completing treatment and not given a follow up date for a check up has to go back to the list to seek another dental practice able to take them on. This may then involve the patient in paying for unnecessary x-rays at a new practice as patient records are retained at the previous practice. Is this not an ineffective use of resources?</i></li> <li>• <i>Does this review also have implications for the delivery of Solent NHS Trust's delivery of special care dental services?</i></li> <li>• <i>What communications are proposed to ensure that the public are kept fully aware of how access to NHS Dental Services can be achieved?</i></li> <li>• <i>Is there any data available to show the number of calls made to the 111 service in respect of patients with dental problems requiring treatment?</i></li> </ul> |
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